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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730242** (5)
1. Corporation Name
FUNERAL AND MEMORIAL SOCIETY OF LEON COUNTY, INC



Principal Place of Business Mailing Address
1006 BUENA VISTA DR. **1006 BUENA VISTA DR.**
TALLAHASSEE FL 32304 **TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified
07/19/1974

4. FEI Number **59-2355002** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWAIN, CHARLES W.
1006 BUENA VISTA DRIVE
TALLAHASSEE FL 32304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **ALLEN, RODNEY F.**
STREET ADDRESS **1105 LASSWADE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ DELETE
NAME **SWAIN, CHARLES W.**
STREET ADDRESS **1006 BUENA VISTA DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **D** ☐ DELETE
NAME **PHIFER, GREGG**
STREET ADDRESS **1584 MARION AVE.**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **TD** ☒ DELETE
NAME **MASEK, JUNE G**
STREET ADDRESS **1021 SEDGEFIELD RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ DELETE
NAME **DREYFUS, JOAN**
STREET ADDRESS **0001 MICCOSUKEE RD. MLC**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD** ☐ DELETE
NAME **WILLIAMS, POLLY S**
STREET ADDRESS **2715 BLAIR STONE LN**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **(D)** ☐ Change ☒ Addition
4.2 NAME **CLAY, LOUISE**
4.3 STREET ADDRESS **3007 ECHO POINT LANE**
4.4 CITY-ST-ZIP **TALLAHASSEE FL 32310-6401**

5.1 TITLE **(D)** ☐ Change ☒ Addition
5.2 NAME **LUEBKEMANN, HEINZ**
5.3 STREET ADDRESS **3004 BROOKMONT DRIVE**
5.4 CITY-ST-ZIP **TALLAHASSEE FL 32312**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles W. Swain** 5-8-98 224-2082

CR2037 (10/97)